## APPENDIX A

GUIDELINES FOR DECLARING A COUNTY HEALTH EMERGENCY

#### Guidelines For Declaring A County Health Emergency

#### **A**UTHORITY

These guidelines are promulgated pursuant to Section 101075 et seq of the California Health and Safety Code.

#### CRITERIA FOR DECLARATION OF A Local HEALTH EMERGENCY BY THE HEALTH OFFICER.

The health officer may declare a local health emergency in the jurisdiction or affected area of the County whenever the Health Officer reasonably determines that the release or escape of hazardous waste or medical waste, or waste which may become hazardous waste or medical waste, poses an immediate threat to public health, or if there is an imminent and proximate threat of the introduction of any contagious, infectious, or communicable disease, chemical agent, noncommunicable biologic agent, toxin, or radioactive agent.

- 1. "Hazardous materials" means the materials identified above, including:
  - a. systemic poisons, carcinogens, mutagens, teratogens, and biologic toxins;
  - b. corrosive substances;
  - c. flammable substances;
  - d. irritants;
  - e. strong sensitizers;
  - f. substances which generate pressure through decomposition;
  - g. radioactive materials;
  - infectious substances;
  - i. reactive substances.
- 2. "Hazardous waste" means a waste, or combination of wastes, which because of its quantity, concentration, or physical, chemical, or infectious characteristics may do any of the following:
  - a. Cause, or significantly contribute to an increase in mortality or an increase in serious irreversible or incapacitating reversible illness,
  - b. Pose a substantial present or potential hazard to human health or environment when improperly treated, stored, transported, or disposed of, or otherwise managed.

- 3. "Medical waste" means waste which meets both of the following requirements:
  - a. The waste is composed of waste which is generated or produced as a result of any of the following actions:
    - i. Diagnosis, treatment, or immunization of human beings or animals;
    - ii. Research pertaining to the activities specified in (a)(i);
    - iii. The production or testing of biologicals;
    - iv. The accumulation of properly contained home generated sharps waste that is brought by a patient, a member of the patient's family, or by a person authorized by the enforcement agency, to a point of consolidation approved by the enforcement agency pursuant to Section 117904 or authorized pursuant to Section 118147 of the Medical Waste Management Act (H&SC 117600-118360);
    - v. Removal of a regulated waste, as defined in Section 5193 of Title 8 of the California Code of Regulations, from a trauma scene by a trauma scene waste management practitioner.
  - b. The waste is either of the following:
    - i. Biohazardous waste; or
    - ii. Sharps waste.
- 4. "Waste," for the purpose of this plan, means either of the following:
  - a. Any material for which no use or reuse is intended and which is to be discarded.
  - b. Any material which spills, escapes, or is released from any manufacturing, industrial, commercial, or other plant, facility, or process, or which escapes or is released from the transporting or transferring from one place to another, or during the pumping, processing, storing, or packaging, or which enters or may enter an unconfined air space or a surface water course which is not totally contained on the contiguous property of such plant, facility or process, or which enters, or may enter, the groundwater underlying such plant, facility, or process.

Spills, releases, or introduction of any hazardous material identified above do not necessarily call for the declaration of a local health emergency. In order for such a declaration to be made, the following criteria should be met:

- (A) If the released hazardous material is hazardous waste or medical waste, the material and the nature of its release must constitute an immediate threat to the public health. Such a threat exists with respect to hazardous waste if any of the following conditions exist:
  - 1. The released material, if of a known composition, is, or may be, present in an uncontrolled environment in concentrations which may meet the above stated definition of a hazardous waste.
  - 2. The released material, if of a known or unknown composition, has produced, or alleged to have produced, symptoms of acute toxicity among persons exposed to it.
  - 3. The released material, if of an unknown composition, is a product or by-product of an industrial process or a reaction of materials known or suspected to contain a hazardous material, and which may be present in an uncontrolled environment in concentrations which could meet the above stated definition of a hazardous waste.
- (B) If hazardous material is a contagious, infectious, or communicable disease, chemical agent, non-communicable biologic agent, toxin, or radioactive agent, there must be an imminent and proximate threat of the introduction of such material that poses an immediate threat to public health.
- (C) The declaration by the Health Officer of a local health emergency is recommended when it appears to the Health Officer that any of the following may be necessary or advisable to provide an adequate response to the release of hazardous material:
  - 1. Health Officer supervision and control over County environmental health and sanitation programs and personnel as needed to ensure availability of field staff to respond to the emergency. (Authority H&S Code §101310)
  - 2. Enhanced compliance of affected parties in carrying out required actions including disclosure of information regarding the released materials and cooperation regarding testing of the materials.
  - 3. Resources available through mutual aid and other sources of disaster assistance when local resources are considered insufficient to fully respond to the event.

## PROCEDURE AND RESPONSIBILITIES FOR IDENTIFYING A POTENTIAL LOCAL HEALTH EMERGENCY INVOLVING A HAZARDOUS MATERIALS RELEASE

- (A) Receipt of Initial Report:
  - 1. Telephone reports and electronic reports of hazardous materials releases will be received according to procedures established in this plan.

- 2. Upon receipt of the telephone report or electronic report, the responsible agency will obtain as much information pertinent to the release as possible.
- The Director of the Environmental Management Department (EMD) or designee shall be informed, as soon as is reasonably possible after receipt of the initial report that a hazardous materials release has occurred.

#### (B) Investigation:

- 1. After receipt of the initial report, the responsible agency representative will respond to the scene of the incident when appropriate and will obtain necessary further information to recommend immediate life-protective measures and to provide pertinent information to the Health Officer regarding the need to declare a local health emergency.
- 2. The responsible agency representative will provide all available information obtained to the Director of EMD or designee as soon as is reasonably possible.
- 3. The responsible agency will, if possible, collect samples of the released material for subsequent laboratory analysis.
- 4. The Director of EMD or designee shall make or cause to be made an investigation, including an on-the-scene investigation when appropriate, for the purpose of obtaining available medically related information and other pertinent information from alleged victims, medical personnel treating victims, owners of the hazardous material involved, or any other person(s) who may have information pertinent to the situation.

#### (C) Evaluation of Situation:

- Upon receiving the investigation report, the Director of EMD or designee shall evaluate the emergency situation and, when appropriate, shall consult with the Health Officer or designee to assist the Health Officer in determining whether a local health emergency declaration is advisable.
- 2. All responding hazardous materials agencies report any hazardous releases to the State OES Warning Center.

#### PROCEDURES FOR DECLARING A LOCAL HEALTH EMERGENCY

#### A. Declaration of a Local Health Emergency

1. If the Health Officer determines that declaration of a local health emergency is necessary, he/she shall immediately do so verbally, followed as soon as possible by a written declaration containing the following information:

- a. The circumstances leading to the declaration, including the nature of the hazardous material released, if known, and the act or accident causing the release.
- b. A precise delineation of the area(s) affected by the release.
- c. The occurrence of any injuries or illnesses attributed to the release.
- d. The potential risk created by the release, if known.
- e. The reasons the declaration is necessary.
- f. The anticipated period of time the declaration will remain in effect.
- g. The measures necessary to abate the emergency, to the extent known at the time of the declaration.
- 2. Initiate ratification of the declaration of local health emergency per Section B below on the same day that the declaration is made.
- 3. The verbal and written declaration shall be immediately issued to the following parties:
  - a. The person(s) or firm(s) believed to be responsible for the hazardous material.
  - b. The responsible Public Safety Agency(ies).
  - c. The County Office of Emergency Services.
  - d. The Emergency Medical Services Agency.
  - e. The County Board of Supervisors.
  - f. The Sacramento County Counsel.
  - g. The State Health Officer
  - h. The City Managers/Administrators (as applicable).
  - i. The news media, if appropriate (Released through IC).
  - j. Other persons requesting copies, if appropriate.

If terrorism or a crime is believed to be involved, the Health Officer, in cooperation with the investigating law enforcement agency, may restrict notification and disclosure of information to the Board of Supervisors and such other persons and agencies as is appropriate under the circumstances.

- 4. The Health Officer shall issue progress reports at reasonable intervals to the parties listed in A(3) (b)-(h) and to A(3)(a),(i) and (j) as appropriate. If terrorism or a crime is believed to be involved, the Health Officer, in cooperation with the investigating law enforcement agency, may restrict notification and disclosure of information to the Board of Supervisors and such other persons and agencies as is appropriate under the circumstances.
- Termination of a Local Health Emergency Lasting Seven (7) Days Or Less

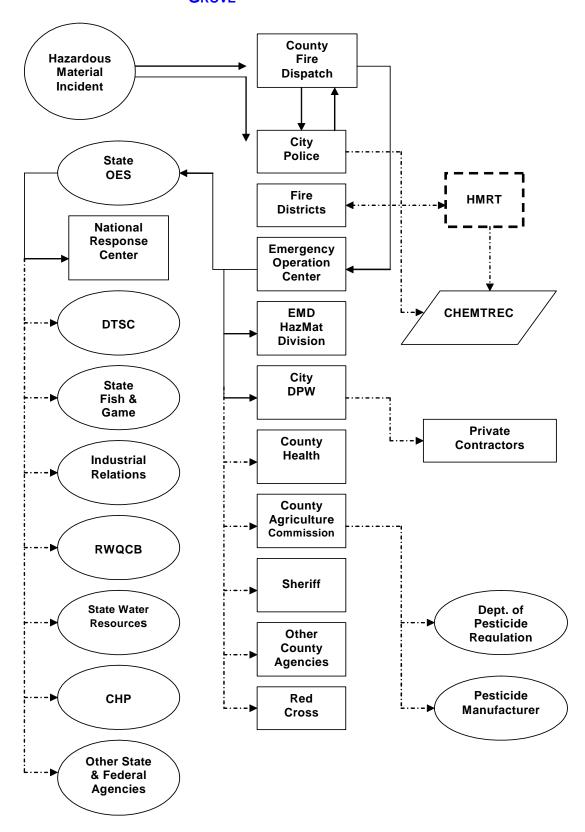
The local health emergency shall be terminated at the earliest possible date that conditions warrant termination. For a local health emergency lasting seven days or less, the Health Officer shall terminate the local health emergency and shall notify the parties listed above in A(3) (b)-(h), and A(3)(a),(i) and (j) as appropriate, of such termination. The Health Officer shall request removal from the Board of Supervisors' agenda of any pending request for Board ratification per (B) below when the declaration has been terminated by the Health Officer.

- (B) Ratification and Review by Board of Supervisors of Local Health Emergencies Extending Beyond Seven (7) Days
  - 1. If, in the opinion of the Health Officer, it is necessary to extend the local health emergency beyond seven (7) days, he/she shall prepare a request to place ratification of the declaration of the local health emergency on the Board of Supervisors' agenda before expiration of 7 days from when the declaration was made.
  - 2. The request for ratification shall contain a complete description of the events constituting the emergency, the nature of the public health hazard, the reasons for the declaration by the Health Officer, the reasons the declaration must be extended, and an estimate of how long the emergency will continue.
  - 3. Copies of the request for ratification shall be distributed to the parties named in A(3) above.
  - 4. Should the declaration be ratified, the Health Officer shall present progress reports to the Board on the state of the emergency not less than every fourteen (14) days for review by the Board of Supervisors, with his/her recommendation as to whether the local health emergency should be continued or terminated. Copies of such progress reports shall be distributed to the parties named in A(3) above.
  - 5. The Board of Supervisors shall proclaim a termination of a local health emergency that has been ratified by the Board at the earliest possible date that conditions warrant termination

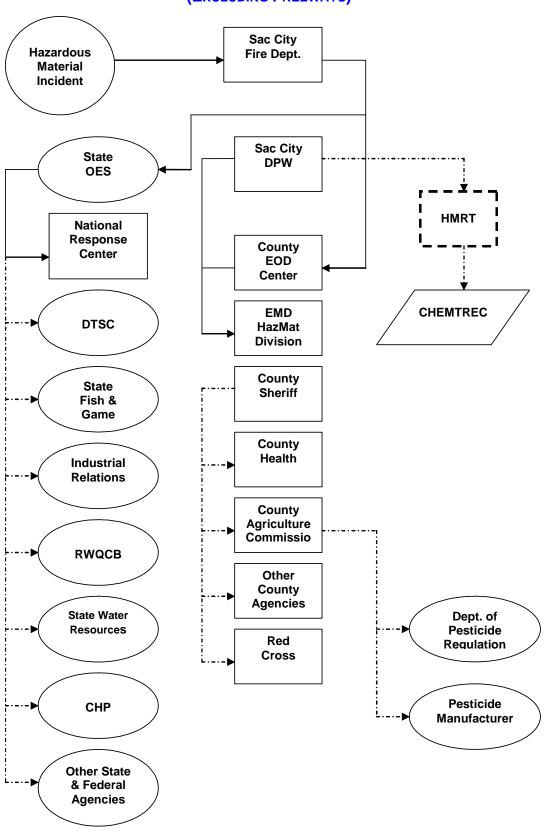
## APPENDIX B

EXAMPLE HAZARDOUS MATERIAL INCIDENT NOTIFICATION DIAGRAMS

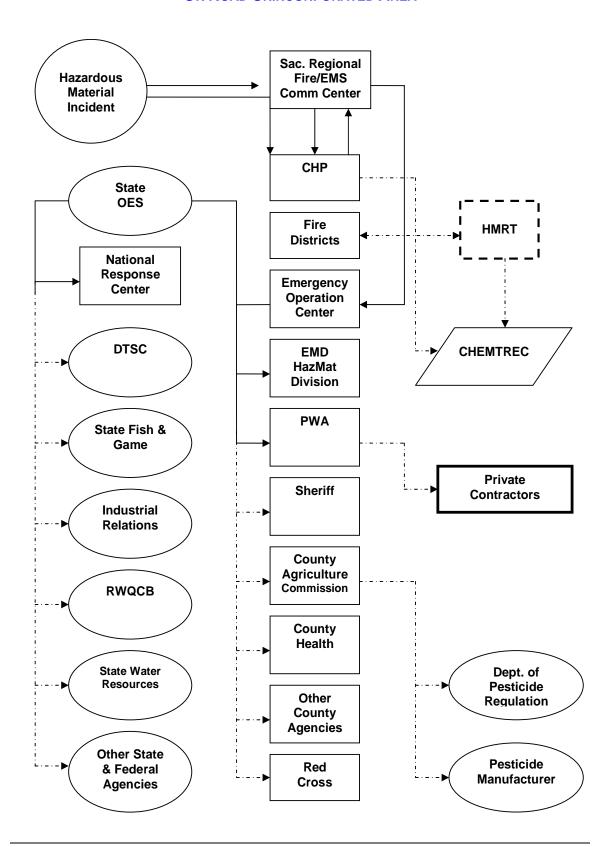
# SACRAMENTO COUNTY NOTIFICATION TREE "CITIES OF FOLSOM, GALT, ISLETON, RANCHO CORDOVA, CITRUS HEIGHTS & ELK GROVE"



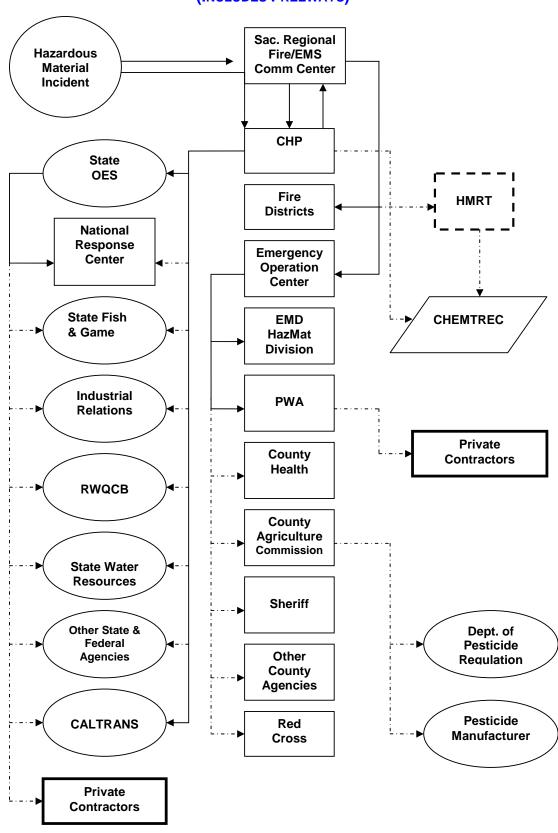
# SACRAMENTO CITY NOTIFICATION TREE (EXCLUDING FREEWAYS)



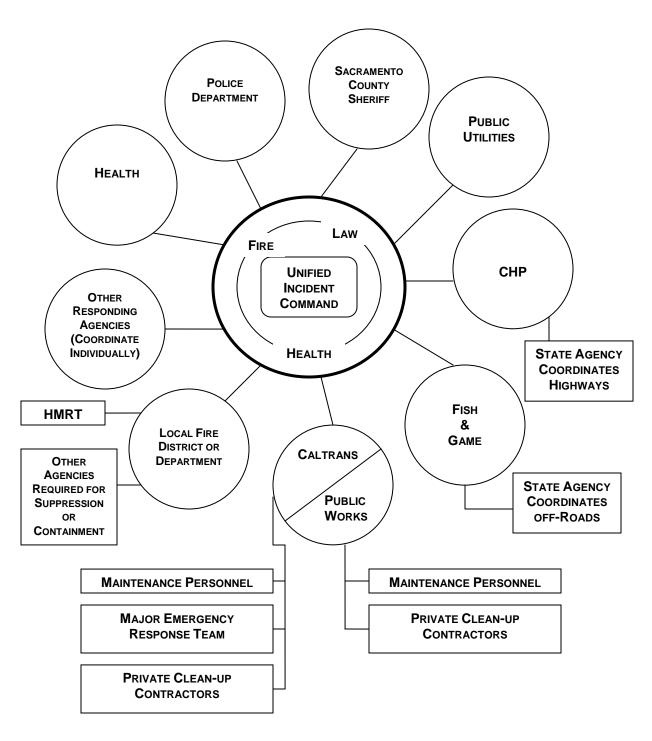
## SACRAMENTO COUNTY NOTIFICATION TREE "ON ROAD UNINCORPORATED AREA"



# SACRAMENTO COUNTY NOTIFICATION TREE "On-HIGHWAY" (INCLUDES FREEWAYS)

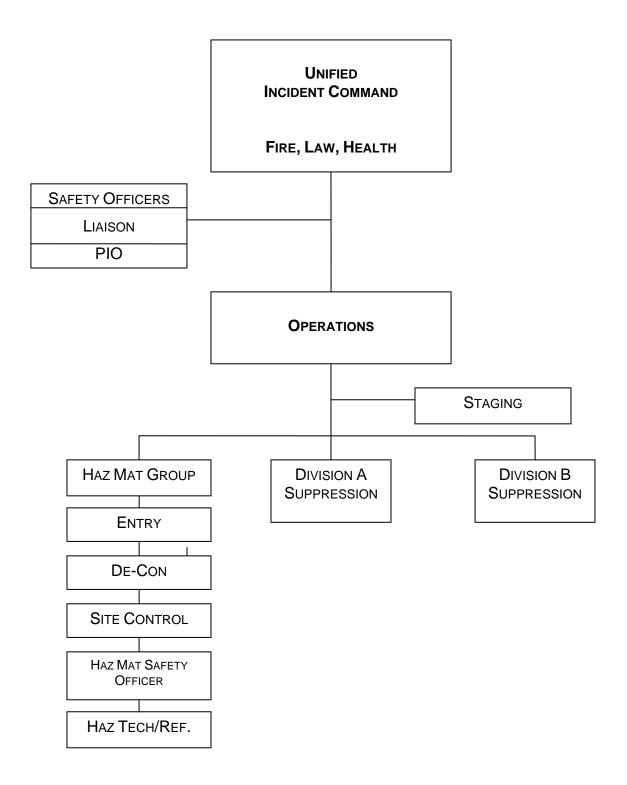


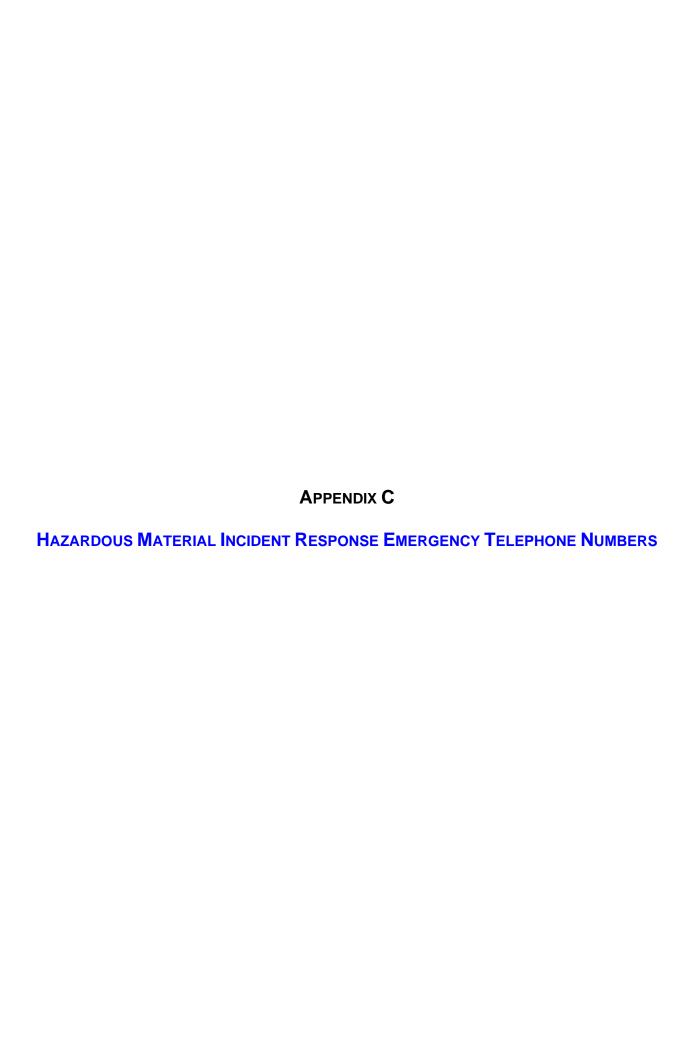
## INFORMATION FLOW CHART



This chart is an example of the information flow that may be typical during a Hazardous Materials Incident.

# INCIDENT COMMAND OPERATION FLOW CHARTS FOR HAZ MAT LEVELS I, II, III





## HAZARDOUS MATERIAL INCIDENT RESPONSE EMERGENCY TELEPHONE NUMBERS



## IMPORTANT TELEPHONE NUMBERS



## FOR IMMEDIATE NOTIFICATION OF A HAZARDOUS MATERIALS INCIDENT, THE FOLLOWING AGENCIES MUST BE CALLED ACCORDINGLY:

Local Government	911 (or appropriate local number)
State Government (OES Warning Center)	` '' '
On Highway Spills (Call CHP)	911 (or appropriate local number)
Federal Government (National Response Center)	(800) 424-8802 or (202) 426-2675

/Talanhan	LOCAL AGENCIES				
AGENCY	(Telephone #'s are Area Code 916 Unless Otherwise Specified)  AGENCY PHONE # COMMENTS				
SACRAMENTO COUNTY COMMUNICATIONS CENTER	875-6900 – 24-hr	Will contact all county services after hours when needed			
FIRE DEPARTMENTS Sac Metro Fire	228-3035	Address 2101 Hurley Way, Sac, CA 95825			
Sac City Fire	433-1300	5770 Freeport Blvd., #200, Sac, CA 95822			
Courtland	755-1210	11751 Riverside Ave., Courtland, CA 95615			
Delta	(707) 374-2233	350 Main St., Rio Vista, CA 94571			
Elk Grove	685-9502	8788 Elk Grove Blvd., Elk Grove, CA 95624			
Folsom City Fire	355-7250	48 Natoma St., Folsom, CA 95630			
Galt City Fire	(209) 745-1001	208 A St., Galt, CA 95632			
Herald Fire District	(209) 748-2322	12746 Ivy Road, Herald, CA 95632			
Isleton City Fire	777-7776	P.O. Box 716, Isleton, CA 95641			
Walnut Grove Fire District	776-2151	14450 Thorton Rd., Walnut Grove, CA 95690			
Wilton Fire	687-6920	9800 Dillard Rd., Wilton, CA 95693			
LAW ENFORCEMENT CHP	453-2400	861-1299 – 24hr			
County Sheriff	874-5111 (emergencies)	874-5115 (non-emergencies)			
Elk Grove City Police	875-0501	8380 Laguna Palms Way, EG, CA 95758			
Folsom City Police	355-7230	46 Natoma, Folsom, CA 95630			
Citrus Heights City Police	727-4790	6237 Fountain Square Dr., CH, CA 95621			
Galt City Police	(209) 366-7000	455 Industrial Drive, Galt, CA 95632			
Isleton City Police	777-7770	210 Jackson Blvd., Isleton, CA 95641			
Sacramento City Police	264-5471	5770 Freeport Blvd., #100, Sac, CA 95822			

Rancho Cordova Police

875-9600

10361 Rockingham Dr., Sac, CA 95827

LOCAL AGENCIES (CONT.)
(Telephone #'s are Area Code 916 Unless Otherwise Specified)

AGENCY	PHONE#	Comments
Public Works		*These incorporated cities have contracted with Sacramento County PW for hazardous material spill response.
Sacramento County (Trans)	875-5171	114E414040 11141413. 3p. 1135p 31.33
Sacramento City	264-5011 (24-HOUR)	
Citrus Heights	725-2448	
Elk Grove	683-7111	
Folsom	355-7272	
Galt	(209) 366-7230	
Rancho Cordova*	361-8700	
COUNTY AG DEPARTMENT	875-6603	
County Health Department Health Officer (Dr. Trochet)	875-5881	
		FOR AFTER HOURS CALLS CONTACT
COUNTY ENVIRONMENTAL		THE COUNTY COMMUNICATIONS OFFICE 875-6900
MANAGEMENT DEPARTMENT	875-8550	5.5 2222
Director	875-8444	
Div. Chief – Haz Mat	875-8469	
Div. Chief – Env. Health	875-8409	
Incident Response Team	423-7911 (24-hour pager)	
COUNTY EMERGENCY OPERATIONS OFFICE	874-4670	
COUNTY WATER QUALITY	Storm Drain -875-RAIN	
Sewer - 875-6730	(875-7246)	
SAC CITY PUBLIC WORK – STORM DRAINS	264-5371	

OTHER TO	ELEPHONE NUMBER	S: State Agencies
AGENCY PHONE NUMBER AGENCY ROLE		
Air Resources Board (ARB)	Via the OES Warning Center: (800) 852-7550	Protects and enhances the ambient air quality of the state, through local and regional air pollution authorities.

OTHER TELEPHONE NUMBERS: State Agencies		
AGENCY	PHONE NUMBER	AGENCY ROLE
California Coastal Commission (CCC)	(415) 904-5200 <u>Pager</u> : (415) 201-5792	Responsible for planning, permitting and enforcement of development of California's coastline; issues emergency permits to expedite response activities and provides technical advice during an oil/hazardous materials spill.
California Integrated Waste Management Board (CIWMB)	(916) 341-6454	Oversees household hazardous waste (HHW) programs within California; coordinates with counties requesting HHW assistance.
Department of Fish & Game, Office of Spill Prevention & Response (OSPR)	OSPR COMMUNICATION CENTER: (916) 445-0045	Natural Resource Trustee for the state of California; ensures that fish, wildlife and their habitats are protected & any issues are addressed by the IC/UC during response and cleanup phases; ensures that cleanup, remediation and restoration are done appropriately.
Division of Oil, Gas, & Geothermal Resources (DOGGR)	District #6 (Sacramento): (916) 322-1110	Responsible for preventing damage to life, health, property, and the environment resulting from oil, gas and geothermal drilling, production, or plugging and abandonment operations.
Department of Health Services (DHS)	(916) 323-9869	Ensures the safety and reliability of the public water supplies; ensures the safety of interim/emergency water supplies; interfaces with local governments for safe drinking water, food, and medical.
Department of Toxic Substances Control (DTSC)	(916) 255-6504	Protects human health and the environment; provides local assistance from requests via the Hazardous Waste Account; regulatory authority for emergency removals; coordinates the RAPID Force.
	<u>Toxics Hotline:</u> (800) 258-6942	To report violations of hazardous waste laws.

NOTE: STATE AGENCIES can also be accessed via the OES Warning Center at (800) 852-7550

## **OTHER TELEPHONE NUMBERS:** Federal Agencies

AGENCY	Phone Number	AGENCY ROLE
U.S. Environmental Protection Agency, Region IX (USEPA)	<u>General Number</u> : (800) 321-7349 or (415) 947-8000	FOSC for inland hazardous materials and oil spills; ensures that response actions are taken to control and remove discharges of oil and hazardous materials into the inland zone. Under CERCLA/OPA '90, provides limited, predeclaration assistance for hazardous materials release assessment and cleanup.
	EPA SPILL PHONE: (415) 947-4400	For spills of oil or hazardous materials.
	SARA TITLE III HOTLINE: (800) 424-9346	For questions on the federal Emergency Planning and Community Right-to-Know Act.
U.S. Coast Guard (USCG)	Marine Safety Office:  San Francisco (510) 683-6470	FOSC for marine hazardous materials and oil spills; ensures that response actions are taken to control and remove discharges of oil and hazardous material releases into the coastal zone; access to OPA '90 (oil) and CERCLA (hazardous materials) funding; control of navigable waterways.
Federal Emergency Management Agency, Region IX (FEMA)	24-Hour Duty Officer (510) 627-7250	Administers the Federal Disaster Assistance Program; supports state and local response efforts upon request after declaration of an emergency; provides federal funding for hazardous materials response & cleanup efforts (ESF #10).

NOTE: FEDERAL agencies can also be accessed via the National Response Center at (800) 424-8802

OTHER TELEPHONE NUMBERS		
AGENCY	PHONE NUMBER	AGENCY ROLE
Poison Control Centers	(800) 876-4766	Provides: regional hospital capabilities for hazardous materials victims; poison/exposure information to hospital staff, emergency response personnel, and the general public; assist with drug identification for law enforcement agencies.
CHEMTREC	(800) 424-9300	Provides: emergency information for chemical releases & fire control measures; precautionary information; assist with chemical identification if unknown; notification of manufacturer and/or shipper.



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## for Emergency Funding

When accessing emergency funding. The Responsible Party (RP) is liable for the costs associated with the abatement and mitigation of a hazardous material spill. If the RP is unknown, unwilling or unable to provide a safe and adequate response, government may have to ensure the protection of the public health and safety, and the environment by providing abatement and mitigation of the spill. The following telephone numbers are provided to assist responding agencies.

Remember: Use the responsible party and local resources first, before calling on state and federal resources!

## State:

<u>IMPACT</u>	AGENCY AND FUND NAME	TELEPHONE NUMBER
Human Health & Environment	Department of Toxic Substances Control	(916) 323-3600 or (800) 260-3972
& Environment	Emergency Reserve Account	ask for the DTSC Duty Officer
Illegal Drug Labs	Department of Toxic Substances Control Illegal Drug Lab Cleanup Account	(916) 255-6504 or (800) 260-3972
	megar brug Lab Clearup Account	ask for the DTSC Duty Officer
Fish, Wildlife, and/or Habitat	<b>Department of Fish and Game</b> Fish and Wildlife Pollution Account	(916) 445-0045 OSPR 24-hour Communication Center
Marine Oil Spill	Office of Spill Prevention and Response Oil Spill Response Trust Fund	(916) 445-0045 OSPR 24-hour Communication Center
Surface and Groundwater Spills	State Water Resources Control Board Water Pollution Cleanup and Abatement Account	(916) 327-4428

NOTE: STATE AGENCIES can also be accessed via the OES Warning Center at (800) 852-7550



Federal:

IMPACT AGENCY AND FUND NAME TELEPHONE NUMBER

Oil Spill Oil Spill Liability Trust Fund Accessed by the FOSC

(USEPA or USCG)

Hazardous Materials Superfund (CERCLA) Accessed by the FOSC

(USEPA or USCG)

NOTE: FEDERAL agencies can be accessed via the National Response Center at (800) 424-8802

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## **APPENDIX D**

**EXAMPLE INCIDENT COMMANDER (IC) CHECKLISTS** 

## INCIDENT COMMANDER (IC) CHECKLIST

	AGENCIES INVOLVED	RESPOND	ING TIME
☐ ASSUME COMMAND OF SCENE	NOTIFIED 🗹	NOTIFIED	ARRIVED
	☐ C.H.P		
☐ ESTABLISH COMMAND POST	☐ Sheriff		
Report Command Post Position	☐ Police		
☐ Request Mobile Command Vehicle	☐ Fire		
Establish Communications with Dispatch	☐ C.D.F.		
☐ Establish Com w/Sac County Comm. Center	☐ OES		
	☐ Emergency Ops.		
☐ NOTIFY APPROPRIATE AGENCIES	☐ H.M.D.		
☐ Fire Service	☐ CalTrans		
☐ Law Enforcement	☐ Public Works		
☐ OES (State/Local)	☐ Ag. Comm		
Hazardous Materials Division	☐ Water Agency		
☐ Public Health	☐ Public Utility		
☐ Public Works/CalTrans	☐ Fish & Game		
	☐ Coast Guard		
☐ ESTABLISH SCENE CONTROL	☐ Red Cross		
☐ Cordon Off Area	☐ Water Resources		
□ Traffic Control/Rerouting	☐ Air Resources		
Crowd Control – Establish Limit Lines	☐ EPA		
Appoint Safety Officer	■ National Guard		
	☐ Health Services		
☐ REQUEST ADDITIONAL SUPPORT	☐ Food & Ag.		
☐ Fire	☐ Radiological		
☐ Law Enforcement	Other:		
☐ Medical			
☐ Other			

## INCIDENT COMMANDER (IC) CHECKLIST (CONT.)

☐ EVAC	UATION ORDERED		
	Warning/Notification		
	☐ Law Enforcement		
	☐ OES (State and/or Local)		
	Shelter ( ) Red Cross ( ) School ( ) Churches		<ul><li>☐ Transportation/Evacuees</li><li>( ) School Districts</li><li>( ) Bus Companies</li></ul>
	Security		☐ Livestock, Pets
☐ PROD	OUCT IDENTIFICATION	□ RE	MOVAL/CLEAN-UP
	HMRT		☐ State Highways – CalTrans
	Ag. Commissioner		☐ County Roads – County PW
	Local Laboratories		☐ Unincorporated Area – Off Road County PW
	Shipping Documents		☐ Incorporated Area – City PW
	Private Contractor		☐ Private Land
☐ TERM	IINATE ON-SCENE ACTIVITY		
	Release Support Agencies/Notify Dispato	ch	
	Clean-up Approved by EMD/Hazmat		
	Conduct Final Briefing – News Media		
Notes:			

## APPENDIX E

**EXAMPLE CHEMTREC COMMUNICATION FORMS** 

## **CHEMTREC COMMUNICATION FORM**

Phone: 1-800-424-9300

## **SUGGESTIONS**:

This is an optional reporting form. Complete all appropriate items below before calling Chemtrec. – Starred items (\*) are essential.

### **INFORMATION TO BE PROVIDED**

l.	Time initial call placed
*2.	What happened?
*3.	Where
*4.	When
*5.	Chemical(s) involved (if unknown provide items 10 thru 14)
*6.	Prevailing weather conditions
*7.	Nature of surrounding area
*8.	Who caller is and where located
*9.	How and where telephone contact can be re-established with caller or another response party at the scene

## CHEMTREC COMMUNICATION FORM (CONT.)

# For more detailed assistance or if chemicals are unknown, provide as much of the following information as possible:

10.	Rail car or truck number
11.	Type and condition of container(s)
12.	Shipper or manufacturer
13.	Carrier
14.	Consignee and destination
CHE	MTREC SHOULD PROVIDE
Prod	uct
	mon Name(s)
Phys	ical Appearance and Form
	re of the product
	ard Information:
F	ire Hazard
E	xplosion Hazard
F	lealth Hazard
R	Reaction with water
Е	nvironmental/Pollution Hazards
-	

## CHEMTREC COMMUNICATION FORM (CONT.)

# **Immediate Action** Spill or Leak \_\_\_\_\_ Fire \_\_\_\_\_ Flash Point \_\_\_\_\_ Ignition Temperature \_\_\_\_\_ Specific Gravity \_\_\_\_\_ Vapor Density \_\_\_\_\_ Evacuation \_\_\_\_\_ Water Pollution Control \_\_\_\_\_ Other Information \_\_\_\_\_

#### **APPENDIX F**

#### EXAMPLE HAZARDOUS MATERIALS - INCIDENT REPORTS

The forms shown in this Appendix are used by various Sacramento agencies in order to collect and archive information regarding incidents involving hazardous materials. The following are examples of the Sacramento Metropolitan Fire Department's Hazardous Materials Report, EMD's Incident Response Report, and the City of Sacramento's Hazardous Materials Incident Response Report. In some cases, these forms contain confidential details that may not be available to the public in their entirety. Questions regarding the information contained in these reports should be directed to the responsible agency.

# Sacramento Metropolitan Fire District HAZARDOUS MATERIALS SITE-SAFETY/INCIDENT ACTION PLAN

Date:	ate: Time:		Incident Number			
Incident Location:		_ OE	S Control Number			
	<u>Initial Incid</u>	ent Assessm	<u>ent</u>			
Brief Description of incide	ent:					
Material(s) Involved Chemical(s) Believed to be in	nvolved: Physical S	State:	Est. of Vol. Released:			
Associated Hazard(s): Type of Co		ontainer:	Amt. Remaining in Container:			
Incident Commander:	Incident Co	mmand Positi				
T. Hodelik Golfmander.		2. 1 W. W. (1 Gale	·9·			
3. Operations:		4. Staging:				
5. HM Group Supervisor:		6. Technical Refer	rence:			
7. Entry Team Leader:		8. Safe Refuge Ar	ea Mgr			
9. De-Con Team Leader:		10. PIO				
11. Site-Access Control Leader:		12. Environmental	I Management Division			
13. Medical Group Supervisor:		14. Law Enforcem	nent			

## **ENTRY PLAN**

	Entry Team Leader:		
Entry Team Goal:			
		IOT) Zone shall be in Level outer gloves.	_ Personal Protective
	Comm	<u>unications</u>	
Tactical Channel for the second control of the second control o	or Haz-Mat Incident		
Tactical Channel for	or Entry Team		
	<u>Operatio</u>	onal Period	
Entry Team time "ON AIR	" guideline:minute S	CBA (-) walk in (-)	_ walk out (-) Decon
(-) work load (10 h	neavy, 5 mod,0 light) (-)	_temperature (10 hot, 5 mod,	0 cool) = min
IE: <u>60</u> min SCBA – <u>2 min</u>	walk in – <u>2 min</u> walk out – <u>5</u>	<u>5 min</u> Decon – <u>5</u> wk load – <u>10</u> te	emp = <u>31 min</u> "on-air"
	Time In:	Time Out:	
Entry Team 1: 1		Objective / Assignment	
2			
3.			
Entry Team 2: 1.		Objective / Assignment	
2			
Back-Up Team: 1		Objective / Assignment	
2			
	<u>Emergenc</u>	cy Operations	
One Hand Waving a	at waist level = NO (NEGATIVE		
In the event of an emergenc "SAFE REFUGE AREA" whi <b>Entry Team Safety</b>		e Exclusion Zone shall immediately	

afety Officer Briefed on Effects  MS Personnel riefed:  re-entry Physicals Conducted ( rotective Clothing Determined to	☐ on☐ tre☐ mereview	nical(s) / Action Plan Reviewed  effects of chemical(s) / Action Plan Reviewed eatment procedures edical monitoring procedures procedures sheet eched sheet)					
riefed: re-entry Physicals Conducted (	☐ tre ☐ me review (see atta	eatment procedures edical monitoring procedures procedures sheet					
re-entry Physicals Conducted (	☐ me review (see atta	edical monitoring procedures procedures sheet					
	review (see atta	procedures sheet					
		ched sheet)					
rotective Clothing Determined	for enoci						
	ioi speci	fic chemical					
ctive suit type & # :		Last tested date:					
evel of Protection	□ A	□ B □ C □ D					
Post-entry Physicals Conducted (see attached sheet)							
ost-transport Decon Required f	for:						
Rescuers	□ Ve	ehicles					
eceiving Hospital Notified of De	econ Re	quirements and Procedures:					
☐ Personnel		☐ isolated area required?					
☐ Equipment		☐ isolated area required?					
uit compatibility researched		☐ Uniform removed & Nomax coveralls or	n				
sual check of protective suit							
☐ zippers fully closed		☐ Glove & overbo	ooties				
☐ No obvious damage	to suit	ends taped closed					
_	erbooties	s used $\square$ Respirator che	cked				
	☐ Equipment  uit compatibility researched  sual check of protective suit  ☐ zippers fully closed  ☐ No obvious damage	☐ Equipment  uit compatibility researched  sual check of protective suit  ☐ zippers fully closed  ☐ No obvious damage to suit	☐ Equipment ☐ isolated area required?  uit compatibility researched ☐ Uniform removed & Nomax coveralls or sual check of protective suit ☐ zippers fully closed ☐ Glove & overbook.				

## **DECONTAMINATION PLAN**

De-Con Team Leader\_\_\_\_\_

>	All Personnel operating within the Contam Personal Protective Equipment with				
De-Co	on Team Members:	De-Con Method:	De-Con Corridor:		
1.		1. Absorption	$\Rightarrow$ Emergency De-Con		
2.		2. Dilution	$\Rightarrow$ Gross/ 1 Wash/ Rinse		
3.		3. Discard	$\Rightarrow$ Gross/ 2 Wash/ Rinse		
4.		4. Neutralization			
5.					
6.		De-Con Solution:			



## **ENTRY / DE-CON TEAM**

## PRE/POST VITAL SIGNS

NAME	Age/ Weight	Max Heart Rate	Pulse	B/P	Body Oral Temp.	Pulse after 1 min.	Pulse after 3 min.	B/P	Body Oral Temp.

Personnel exhibiting ANY of the following characteristics shall not be allowed to operate within the EXCLUSION (HOT) or CONTAMINATION REDUCTION (WARM) ZONE!

- Pulse rate in excess of 70% of calculated maximum heart rate, or irregular without history of. Calculated maximum heart rate = 220 minus individuals age.
- Resting heart rate greater than 110bpm. (after 3 min rest)
- A difference of less than 10bpm between the maximum heart rate and the resting heart rate.
- Blood Pressure greater than 150/105 or a 20 or more point deviation from their normal BP
- > Respirations rate of greater than 24
- Oral temperature of greater than 99.5 F or less than 97.0 oral
- Loss of greater than 2% pre hydration weight

## PERSONAL PROTECTIVE EQUIPMENT

NAME	SUIT#	BOOT#	GLOVE #	CHEMICAL

# **Medical Monitoring Leader Checklist** Nature Of Incident:\_\_\_\_\_ Location:\_\_\_\_\_ Medical Monitoring Leader :\_\_\_\_\_ ☐ Medical Monitoring Leader Identified ☐ Medical Monitoring Team Personnel / Assignments 1.\_\_\_\_\_/\_\_\_/ 4.\_\_\_\_\_/ Command Haz-Mat Group Supervisor: Safety Officer-Haz-Mat: Operations Sections Chief:\_\_\_\_\_ Decon Team Leader:\_\_\_\_\_ Medical Group Supervisor:\_\_\_\_\_ Command post location:

## Site Set-up Treatment and Triage Site Set-up (patients) Location (describe area, shoud be close to decon): Medical Evaluation Site Set-up (pre-and pst-entry evaluations) Location (describe area, should be close to Haz Mat units): \_\_\_\_\_\_ Command, Entry, Safety, and Decon Officers Notified of Location Medical Evaluation and Treatment Supplies and Equipment Available Transport Vehicle Available (one must be an ALS unit) Unit number Unit number\_\_\_\_ Unit number\_\_\_\_\_ Unit number Other (helicopter, etc.)\_\_\_\_\_ Protective Clothing for EMS Personnel Determined Level of protection: Primary Receiving Hospital Defined (Check with Haz-Mat Group Supervisor)

Receiving Hospital Notified of Decontamination Procedures

(consult Decon Team Leader for recommendations)

# **Chemical Information** Name(s) of Chemicals Involved (obtained from research) Signs/Symptoms of Exposure and Onset Chemical(s) name:

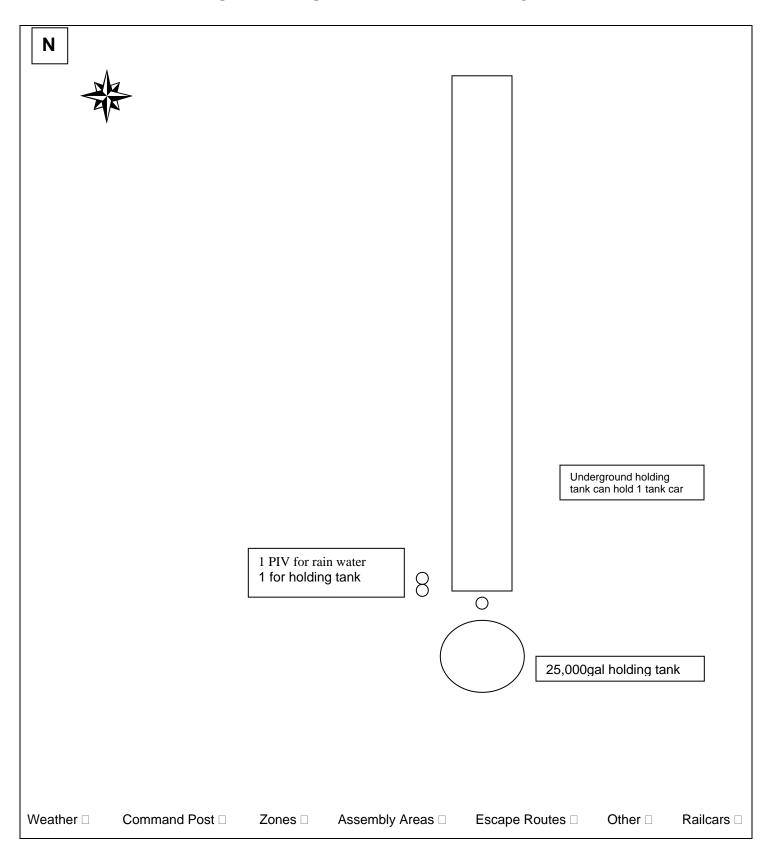
Additional Chemicals Listed in Notes Section

# **Medical Treatment Exposure Treatment** Protocol Physician contacted Who? \_\_\_\_\_ Time\_\_\_\_\_ **Antidotes** 3. \_\_\_\_\_ 4. \_\_\_\_\_ Contraindications 3. \_\_\_\_\_ 1. \_\_\_\_\_ Facility Contacted for Treatment/Antidote Information Poison control center Other: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Facility: \_\_\_\_\_ Contact person: Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Contact person:\_\_\_\_\_ Availability of Drugs / Antidotes Established Locations: \_\_\_\_\_

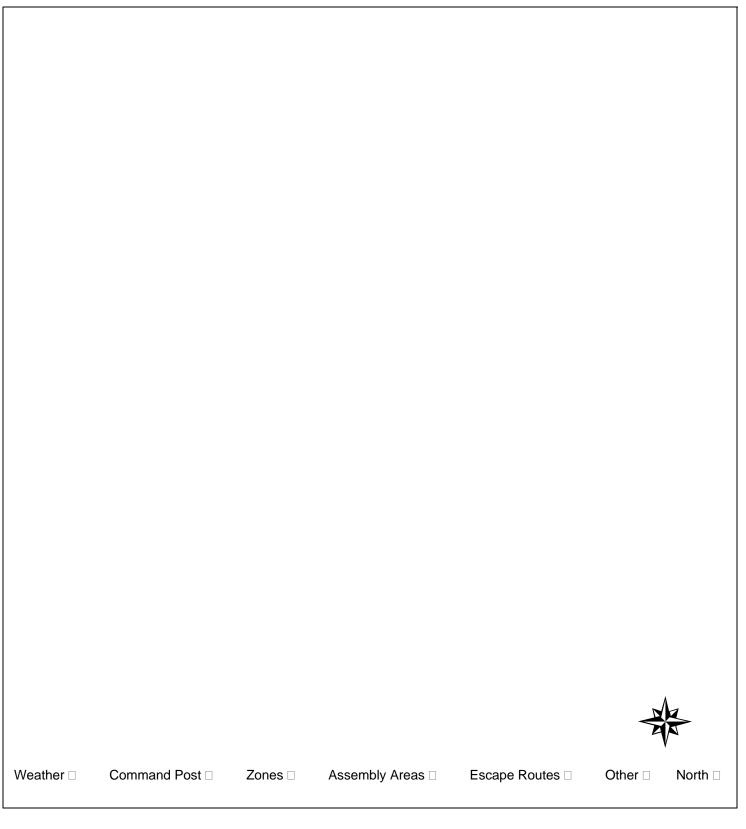
# **WEATHER**

Time:	_ Wind Speed:_	Wind Direction:
Temp:	RH:	Cloud Cover: Clear - Part - Complete
Inversion: Y – N	Ceiling:	Open Country or Urban Forest
	<b>Identified Che</b>	emical(s) Hazard Assessment
Reference: List 3		
Type of Container: Est. Amount of Prod Mfg./Shipper: Boiling Point: Heavie Water Solubl	duct Released: Conta Flash Point: _ er / LighterThan Ai e: Yes / No	Shipping/Generic Name:  N. Number:  Product Form: Gas Liquid Solid (circle one)  Container Volume (Potential):  act Person:  Ignition Temp:  Heavier / LighterThan Water  Water Reactive: Yes / No  Flammability: Yes / No Toxicity: Yes / No
Reference: List 3		
DOT Hazard Class: Type of Container: Est. Amount of Prod Mfg./Shipper: Boiling Point: Heavie Water Solubl Field ID: PH	duct Released: Conta Conta Flash Point: _ er / LighterThan Ai e: Yes / No Oxidizer: Yes / No	Shipping/Generic Name:  N. Number:  Product Form: Gas Liquid Solid (circle one)  Container Volume (Potential):  act Person:  Ignition Temp:  Heavier / LighterThan Water  Water Reactive: Yes / No  Flammability: Yes / No Toxicity: Yes / No
3) Chemical Name: DOT Hazard Class: Type of Container: Est. Amount of Prod Mfg./Shipper: Boiling Point: Heavie Water Solubl	duct Released: Co Flash Point: _ er / LighterThan Ai e: Yes / No	Shipping/Generic Name:  U.N. Number:  Product Form: Gas Liquid Solid (circle one)  Container Volume (Potential):  Intact Person:  Ignition Temp:  Heavier / LighterThan Water  Water Reactive: Yes / No  Flammability: Yes / No  Toxicity: Yes / No

#### SITE MAP U.P.R.R. HAZ-MAT TRACK



# **SITE MAP**



#### **INCIDENT DE-BRIEF**

	_ Chemicals were involved in this incident.	Common signs
and symptoms		_Any personnel
who believe they may have been exposed	I to or contaminated by a substance involve	ed shall complete
a fire department exposure report and not	ify the Supervisor Immediately.	

#### **Incident Termination**

The completed Site-Safety Plan, as well as all other supporting documentation completed by those assigned ICS Positions, shall be forwarded to the Incident Commander. The IC will utilize the information for the Incident report, then forward the documentation to the HAZ-MAT BC.

#### **Incident Evaluation**

All personnel involved in this incident are encouraged to send an informal summary evaluation of the incident to the HAZMAT Captain via e-mail within one week. Please include "Lessons Learned" both good and bad. This information will be use to compile an "Incident Evaluation".

**END OF SHORT SITE SAFETY PLAN** 

# **GEOGRAPHIC (SITE) HAZARD INFORMATION**

□ Waterway at Risk		□ School or Public	c Assembly at Risk
With any significant release, notify Regional Water Quality Control Board @ 255-3000		for any Haz-Mat within ¼ Superintendent must be n	mile of a school, the School otified.
	Transportation Route at Risk	Authority/Positi	on:
		Air Quality Risk (Plume)	
	<u>Not</u>	ification of Other Agend	cies
	State Warning Center: (800) 852 Spoke with:	2-7550 Notified @	hrs ETA:
	Sacramento County Office of En	nergency Services (OES): (91 Notified @	l6) 874-4670 hrs ETA:
	Sacramento County Environment Spoke with:	. ,	
	California Department of Fish an Spoke with:		hrs ETA:
	California EPA Toxic Substance Spoke with:		hrs ETA:
	United States Coast Guard Nati Spoke with:	'N	
	United States Environmental pro	ntection agency spill notification	on: (800) 424-8802 hrs ETA:
	California Highway Patrol	□ City/Co	unty Water Departments
	Placer County Sheriffs Departme	ent 🗆 City/Co	unty Waste Water Department
	City Police Department		
	CALTRANS		

#### **MEDICAL PLAN**

Medical Group Leader:		
ALS Ambulance Provider:		
AMB. Requested @	_ AMB. Arrived@	AMB. Personnel Briefed @
AMB Unit/Personnel:		
Receiving Hospital:		
Hosp. Pre-Alerted @	Spoke With:	
Hosp. Notified of Termination of I	Incident @	Spoke With:

## **Emergency Room Numbers**

1	Cutton David Mad Ctm	(046) 704 4000
	Sutter Rsvl. Med. Ctr.	(916) 781-1800
	Sutter Auburn	(530) 823-5860
	Kaiser North	(916) 973-6626
	Kaiser Roseville	(916) 784-5380
	Sutter General	(916) 733-3003
	Mercy San Juan	(916) 537-5121
	<b>UCD Medical Center</b>	(916) 734-3790
	Poison Control Cntr.	(800) 342-9293

END OF METRO FIRE HAZARDOUS MATERIALS SITE-SAFETY/INCIDENT ACTION PLAN

## **EXAMPLE OF EMD HAZARDOUS MATERIALS INCIDENT REPORT**

COUNTY OF SACRAMENTO • ENVIRONMENTAL MANAGEMENT DEPARTMENT • HAZARDOUS MATERIALS DIVISION 8475 Jackson Road Suite 230 • Sacramento, CA 95826 • Phone (916) 875-8550 • FAX (916) 875-8513

And the second s	111 (12)	KDUUS MAT	ERIALS INC	IDENT REP	ORT			
RECEIPT INFO:	DATE REC'D:	TIME REC'D	BY:	ASSIG	GNED TO	□ DTS	SC Refer	ral
DATE:	DATE OF OCCURRENCE:		TIME ARRIVED		TIME CLEAF	ŒD.		
TYPE:	☐ Incident/Emergency	☐ Complaint	UST Unau	h. Release Report	☐ Prop 6	5 Report	☐ Sta	nd-by Call
	ADDRESS		cn	Υ.				ZIP CODE:
OCATION:	BUSINESS NAME (If Applicable	e).						PHONE #
	NAME			☐ Anon/Unkno	own 🗆 Ag	encv		
REPORTING PARTY:	ADDRESS			ary:		ZIPC	CODE:	PHONE #
NITIAL NCIDENT REPORT / COMPLAINT:	DESCRIBE:							
ACTION TAKEN:	DESCRIBE							
PARTY /	NAME: ADDRESS			☐ Resp	oonsible Party		uspect	□ None / Unavaila
PARTY / SUSPECT INFO:	ADDRESS  CHEMICAL NAME:  Not Hazardous		AMOUN	ату:		ZIP C	L STATE:	LANGE OF THE PARTY OF
PARTY / SUSPECT INFO: CHEMICAL: ENVIRONMENT:	ADDRESS  CHEMICAL NAME  NOt Hazardous  HAZARDOUS PROPERTY  Combustible   Flant ENVIRONMENT THREATENET	O OR AFFECTED:	☐ Corrosive ☐ F Residential Proper Creek / River	eactive   Irritant	Lbs	PHYSICA Liqui  Ve Expression  Roadwa  Other	L STATE: id So  splosive	PHONE ₩
PARTY / SUSPECT INFO: CHEMICAL: ENVIRONMENT: PUBLIC HLTH: NCIDENT	ADDRESS  CHEMICAL NAME:  Not Hazardous  HAZARDOUS PROPERTY:  Combustible   Flan  ENVIRONMENT THREATENED  Storm Drain  IS SUBSTANTIAL INJURY TO	O OR AFFECTED:	Corrosive FResidential Proper Creek / River	eactive   Initiant  y   Business   Air	Lbs	PHYSICA Liqui  Ve Expression  Roadwa  Other	L STATE: id So  splosive	PHONE ₩
PARTY / SUSPECT INFO: CHEMICAL: ENVIRONMENT: PUBLIC HLTH: NCIDENT CAUSE:	ADDRESS  CHEMICAL NAME:  Not Hazardous  HAZARDOUS PROPERTY:  Combustible   Flant ENVIRONMENT THREATENET  Storm Drain  IS SUBSTANTIAL INJURY TO	OOR AFFECTED:  Sewer  PUBLIC HEALTH LIKELY  ional  Other:	Corrosive F Residental Proper Creek / River Proper Proper Proper Proper Proper Proper Proper	eactive   Initiant  y   Business   Air	Lbs Pt <sup>3</sup> Redioact  Property  MBER OF PER	PHYSICA Liqui  Ve Expression  Roadwa  Other	L STATE: id So  splosive	PHONE #
RESPONSIBLE PARTY / SUSPECT INFO: CHEMICAL: ENVIRONMENT: PUBLIC HITH: NCIDENT CAUSE: CLEAN UP: NOTIFICATION / ON-SCENE RESPONDENTS:	ADDRESS  CHEMICAL NAME:  Not Hazardous  HAZARDOUS PROPERTY:  Combustible   Flan  ENVIRONMENT THREATENED  STORM Drain  IS SUBSTANTIAL INJURY TO  Accident   Intent  Threatened Release  No Further Action/Cleaned  HMRT:  Public Works	OOR AFFECTED:     Sewer     PUBLIC HEALTH LIKELY  ional   Abandonr   Other:     Up By :       F	Corrosive  Residential Proper Creek / River Proper Creek / Proper	eactive   Irritant ty   Business faction   Business	Lbs	PHYSICA Liqui  Ve Expression  Roadwa  Other	L STATE:  L STATE:  quid So  so  so  so  so  so  so  so  so  so	PHONE #

# City of Sacramento Hazardous Materials Incident Response Report

Report Prepared By:	D	ate of Report Prepara	tion:
Date of Incident:			
Time of Incident:			
Initial Report of Incident number):	at Received From (w	ho, what, where, whe	n, how, phone
	County Responde	er Information	
Name	Organization	Office Phone No.	Cell Phone No.
	City Responder	Information	
Name	Organization	Office Phone No.	Cell Phone No.
<b>Description of Incident</b> (Who:	(who, what, where, v	when, why):	
What:			
Where:			
When:			
Why:			
Haz Cat results (from F a hard copy of any resul	_	County) (include who	did the testing and
Billing Information (nar	ne, address and pho	ne number):	

# City of Sacramento Hazardous Materials Incident Response Report page 2 of 2

Response Action(s) Taken (who, what, where, when):

what they advised):						
Organization	Contact Name and Title	Phone Number	Comments			

Reports to Regulatory Agency(ies)(include time, whom you spoke with and

Follow-up Red	quired (what, by wh	nom and due da	te):
2.			
3.			

**Chain-of-Custody for Haz Mat Scene** 

	Printed Name	Signature	Organization	Date	Time
			or		
			Department		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Notes:

4.